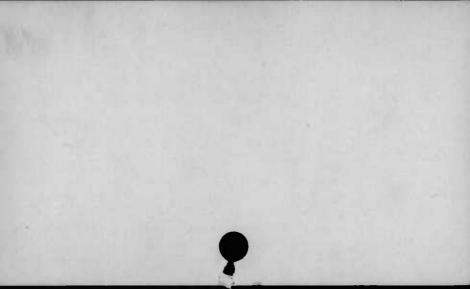
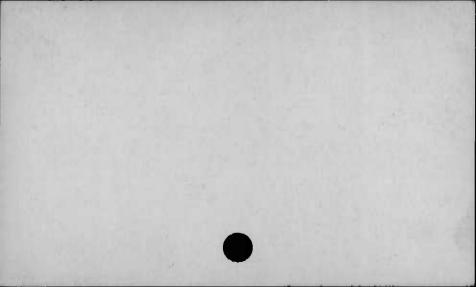
Name in Full Certificate of Death MARYLAND Occupation Date 1902 Age White-Married Widow Female Colored Single Widower Number of children living Husband Wife Father's Name Accident, Suicide, Homicide C. Foodrich. Address Must be signed by physician, if any in attendance, otherwise by mer, undertaker or minister.



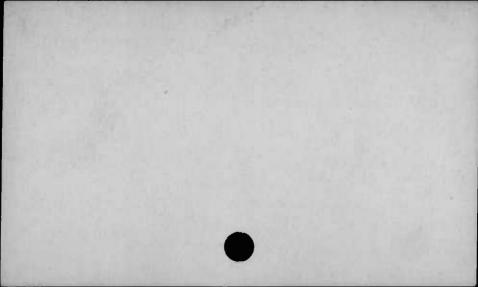
Name in Full Certificate of Death MARYLAND Occupation Marriad Colored Single Number of children living Husband Wife Father's Mother's Name Maiden Name Cause of Primary Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by ner, undertaker or minister. LIBRARY BUREAU, 70800



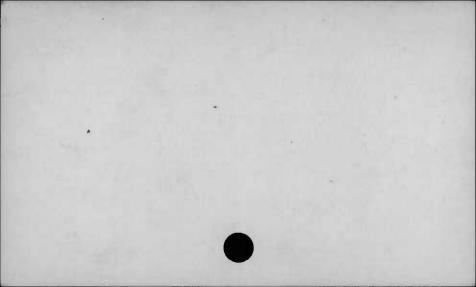
Name in Full Certificate of Death MARYLAND D. Native of Occupation White Married WeblW -Divorced Number of children living Widower Mother's Father's Name Maiden Name How long sick Cause of Death Reported by Address Must be signed by physician, if kny in attodance, otherwise by coroner, undertaker or minister. TIRRARY PUREAU 78908



Name in Full Certificate of Death County MARYLAND Native of Occupation Day 14 Date 1 Age White Married Widow Divorced Colored Number of children living Female Widower Husband Wife Father's Mother's Name Maiden Name How long sick Cause of Primary Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. HARRY BUDGAN. 70000



Name in Full Certificate of Death MARYLAND Occupation Date 19 02 Married Widower Number of children living Husband Father's Maiden Name Name How long sick Primary Cause of Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY PURFAU. 79804



Name in Full Certificate of Death Thos. Wesley Placer Died at Near Charlotte Hall St. /200-ys

Month Day Y. M. D. | Native of | Occupation MARYLAND June 8 Age Date 190 Z 4 maryland Ho Male Divorced Colored Single Widower Number of children living Husband Wife Name Hauson Plater Maiden Name Rosa Tolson How long sick Primary Whooping Cough (one week Death Immediate Asphania Accident, Suiside, Hami-Reported by Zach. R. Morgue Du. 5. Address Tuechanicsville / Treay land. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79893

